AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Maryland

HILARY PHILLIPS	)
	)
	)
	)
Plaintiff(s)	)
v.	)
STATE OF MARYLAND	)
and	)
MARYLAND DEPARTMENT OF HEALTH	)
	)
Defendant(s)	)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MARYLAND DEPARTMENT OF HEALTH
201 West Preston Street, 5th Floor
Baltimore, MD 21201

Serve on: ROBERT R. NEALL, Secretary,
Maryland Department of Health
201 W. Preston Street
Baltimore, MD 21201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Morris E. Fischer
Morris E. Fischer, LLC
8720 Georgia Avenue Suite 210
Silver Spring, MD 20910

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE
(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____

was received by me on *(date)* _____ .

❐ I personally served the summons on the individual at *(place)* _____

_____ on *(date)* _____ ; or

❐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____ , a person of suitable age and discretion who resides there,

on *(date)* _____ , and mailed a copy to the individual's last known address; or

❐ I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)* _____

_____ on *(date)* _____ ; or

❐ I returned the summons unexecuted because _____ ; or

❐ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ __0.00__ .

I declare under penalty of perjury that this information is true.

Date: _____   _____
                                                            Server's signature

                                                            _____
                                                            Printed name and title

                                                            _____
                                                            Server's address

Additional information regarding attempted service, etc: